PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09-030-854

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	OTHER THAN OR SMALL ENTITY			
FOR		NUMBE	BER FILED NUMBER				RATE	FEE		RATE	FEE
BASI	C FEE							395.00	OR	2,	790.00
TOTA	L CLAIMS	2	minus	20 = *) = *		x\$11=		OR	x\$22=	
INDE	PENDENT CLA	IMS	3 minu	s 3 = *					OR	x82=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	190
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMAL	L ENTITY	OR	OTHER THAN		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R P SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***			x41=		OR	x82=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
	(Column 1) (Column 2) (Column 3)					TOTAL ADDIT. FEE	OR ADDIT. FEE				
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	ST R P SLY	RESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=		x41=		OR	x82=	
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=			
	(Column 1) (Column 2) (Column 3)						TOTAL ADDIT. FEE		OR ADDIT. FEE		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	ST R P	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=								OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											





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NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF TE FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09-030-854	
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Total Fee Calculation

	Ess Cod:	Total ई Claims	Number Extra	X	F=	-	
	Smlz					Fee =	<u> Tou</u>
Busic Filling F∞	201/101				Sm. Earling	Lg Eatin	
Total Claims >20	203/103	20 =		24			
Independent Claims >3	202/102	.] =		X			
Mult. Dep Claim Present	304/104			Χ			
Smettra	205/105						
English Translation	_139						<u> 130</u>
TOTAL FEE CALCULA	<u>.TTO8</u>						
Fees due upon filing th							130
Total Filling Fees Due	= 2						
Less Filling Fees Submi	ned - 5			_			
BALANCE DUE	= 5 _ <i>#</i>	130.0					
MARY Hun Office of trutial Patent B	Yaz Xamination						

FORM OPERAMOT (Rev. 5/97)